

ISSUE SLIP STATEMENT AREA (for additional cross references)

| POSITION            | INITIALS | ID NO. | DATE   |
|---------------------|----------|--------|--------|
| FEE DETERMINATION   |          |        |        |
| O.I.P.E. CLASSIFIER |          | 12     | 4/2    |
| FORMALITY REVIEW    | ph       | 825    | 6-6-01 |

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim    | Date |
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| Claim    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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